

EDUCATION DISCRIMINATION QUESTIONNAIRE

7. INFORMATION ABOUT THE SCHOOL INVOLVED IN YOUR COMPLAINT

Type of institution: ☐ public (school district # _____) ☐ private ☐ parochial ☐ business (_____) _____

School name _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Headquarters or school district _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Name and title of district superintendent or college president _____

2a. YOUR HISTORY WITH THE SCHOOL INVOLVED IN YOUR COMPLAINT

☐ Applied but not accepted. Application date ____/____/____ Date denied enrollment ____/____/____

☐ Accepted. Acceptance date ____/____/____ Date enrolled ____/____/____

Are you still a student there? ☐ Yes ☐ No

If no: ☐ Voluntarily quit ☐ Expelled Date notified ____/____/____ Reason _____

Grade level when discrimination occurred _____

Did you make the school's Affirmative Action officer aware of the situation? ☐ Yes ☐ No Date ____/____/____

Do you have an attorney? ☐ Yes ☐ No If yes, name of attorney _____

Attorney's address _____ Phone number (_____) _____

Have you filed with any of the following agencies? ☐ Yes ☐ No If yes: Date ____/____/____ Charge # _____

☐ U.S. Dept. of Justice ☐ State Department of Human Rights ☐ Other _____